

Date	Requested By	Description of Changes Made	Made By
8/26/2004		Increased the field sizes on the G1 Record: Ingredient Cost Patient Paid Amount Submitted Usual and Customary Charge Gross Amount Due Other Payer Paid Amount From 9(4)v99 to 9(6)v99 and Health Plan Claim Number from 14 to 20	MK McDaniel
9/3/2004	Sean Stepp	Corrected the record position on "Number of Refills Authorized". Was 427-728, should be 427-428.	MK McDaniel
9/10/2004	Mgmt	Add Prescribing Provider Qualifier to allow for either the DEA number or the AHCCCS ID number.	MK McDaniel
10/1/2004		Added Valid Values to PA Type Code. Added Medicare note to: Payer 2 ID: If Other Payer is Medicare, Other Payer ID must be "MEDICARE". Payer 3 ID: If Other Payer is Medicare, Other Payer ID must be "MEDICARE".	MK McDaniel

Modified 3.2 Pharmacy Detail Record

G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
	Segment Identifier	X(2)	1 – 2	Required	G1	701	"G1" = Detail Data Record
	Transaction Reference Number	X(10)	3 – 12	Required	Determined by provider	880-K5	Determined by the Provider Every 3C rec has a unique TRN Used for checkpointing
	Bin Number	9(6)	13 – 18	Required	BIN Number	101-A1	Card Issuer ID or Bank ID Number
	Version/Release Number	X(2)	19 – 20	Required	3C = RTDS Version 3.2	102-A2	3C = RTDS Version 3.2
	Transaction Code	9(2)	21 – 22	Required	01 – Billing 11- Reversal 31 - Replacement	103-A3	1 – Original Claim 6 - Adjustment 7 – Replacement 8 – Void
	Processor Control Number	X(10)	23 – 32	Required	Processor Control Number	104-A4	Number assigned by the processor
	Pharmacy Number Service Provider	X(12)	33 – 44	Required	AHCCCS Provider Id and Location Code NNNNNNLL	201-B1	The provider PIN must be submitted with two leading zeros to distinguish between Provider Number and Location code. For example, if the Medicaid PIN # is '123456.' And the location code is '01' it should be submitted as '0012345601.'
	Group Number Billing Provider	X(15)	45 – 59	Not Used		301-C1	AHCCCS Group PIN #. See Above
	Cardholder ID Number	X(18)	60 – 77	Required	AHCCCS Member ID	302-C2	Insurance ID assigned to the cardholder See AHCCCS ID field
	Person Code	X(3)	78 – 80	Not Used		303-C3	Code assigned to a specific person within a family
	Date of Birth	9(8)	81 – 88	Required	Member Date of Birth	304-C4	
	Sex Code	9(1)	89 – 89	Required	1 – Male 2 – Female	305-C5	1 – Male 2 – Female
	Relationship Code	9(1)	90 – 90	Not Used		306-C6	

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Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
	Other Coverage Code	9(1)	91 – 91	Required	0 = Not Specified 1 = No other Coverage Identified 2 = Other Coverage exists, payment collected 3 = Other Coverage exists, this claim is not covered 4 = Other Coverage exists, payment not collected	308-C8	0 = Not Specified 1 = No other Coverage Identified 2 = Other Coverage exists, payment collected 3 = Other Coverage exists, this claim is not covered 4 = Other Coverage exists, payment not collected
	Date Filled	9(8)	92 – 99	Required	Dispense Date/Date of Service	401-D1	Format = 'CCYYMMDD' Identifies date the prescription was filled or professional service rendered
	Not Used	X(3)	100–102				Spaces
	Customer Location	9(2)	103 -104	Required	00 – Not specified 01 – Home 02 – Inter-Care 03 – Nursing Home 04 – Long Term/Extended Care 05 – Rest Home 06 – Boarding Home 07 – Skilled Care Facility 08 – Sub-Acute Care Facility 09 – Acute Care Facility 10 – Outpatient 11 – Hospice	307-C7	00 – Not specified 01 – Home 02 – Inter-Care 03 – Nursing Home 04 – Long Term/Extended Care 05 – Rest Home 06 – Boarding Home 07 – Skilled Care Facility 08 – Sub-Acute Care Facility 09 – Acute Care Facility 10 – Outpatient 11 – Hospice
	Not Used	X(3)	105 –107				Spaces
	Eligibility Clarification Code	9(1)	108 –108	Not Used		309-C9	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial
	Not Used	X(3)	109 –111				Spaces
	Patient First Name	X(12)	112– 123	Not Used		310-CA	
	Not Used	X(3)	124-126				Spaces
	Patient Last Name	X(15)	127-141	Not Used		311-CA	
	Not Used	X(1)	142-142				Spaces
	Prescription Number	9(7)	143-149	Required	RX Number	402-D2	Reference number assigned by the provider for the dispensed drug/product and/or service provided

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G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
	New / Refill Code	9(2)	150-151	Required	00 – Original 01-99 – Refill Number	403-D3	00 – Original 01-99 – Refill Number
	Metric Quantity	9(3).99	152-156	Not Used		404-D4	Unit Quantity
	Days Supply	9(3)	157-159	Required	Days Supply	405-D5	Estimated number of days the prescription will last
	Compound Code	9(1)	160-160	Required	0 – Not Specified 1 – Not a Compound 2 – Compound	406-D6	0 – Not Specified 1 – Not a Compound 2 – Compound
	NDC Number	9(11)	161-171	Required	NDC format: MMMMMDDDDPP MMMMM – Manufacturer's Number DDDD – Drug ID PP – Package Size	407-D7	NDC format: MMMMMDDDDPP MMMMM – Manufacturer's Number DDDD – Drug ID PP – Package Size
	Dispense as Written	X(1)	172-172	Required	0 – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber 2 – Substitution Allowed – Patient Requested Product Dispensed 3 – Substitution Allowed – Pharmacist Selected Product Dispensed 4 – Substitution Allowed – Generic Drug Not in Stock 5 – Substitution Allowed – Brand Drug Dispensed as a Generic 6 – Override 7 – Substitution Not Allowed – Brand Drug Mandated by Law 8 – Substitution Allowed – Generic Drug Not Available in Marketplace 9 – Other	408-D8	0 – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber 2 – Substitution Allowed – Patient Requested Product Dispensed 3 – Substitution Allowed – Pharmacist Selected Product Dispensed 4 – Substitution Allowed – Generic Drug Not in Stock 5 – Substitution Allowed – Brand Drug Dispensed as a Generic 6 – Override 7 – Substitution Not Allowed – Brand Drug Mandated by Law 8 – Substitution Allowed – Generic Drug Not Available in Marketplace 9 – Other

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G1 Record

<u>Change Date</u>	<u>Field Name</u>	<u>Field Size</u>	<u>Record Position</u>	<u>Encounter Usage</u>	<u>Encounter Value</u>	<u>IG Field</u>	<u>Claim Value</u>
8/26/2004 added 2 bytes	Ingredient Cost	9(6).99	173-180	Required	Ingredient Cost Submitted by Pharmacy	409-D9	Billed Amount
9/10/2004 Added new field	Prescribing Provider ID Qualifier	X(2)	181-182	Required	Prescribing Provider ID Qualifier	466-EZ	05 = Medicaid 12 = DEA Number
	Prescriber ID	X(10)	183-192	Required	AHCCCS Provider ID and Location Code OR DEA Number	411-DB	AHCCCS Provider ID and Location Code OR DEA Number
	Date Prescription Written	9(8)	193-200	Required	Format = 'CCYYMMDD'	414-DE	Format = 'CCYYMMDD'
8/26/2004 added 2 bytes	Usual & Customary Charge	9(6).99	201-208	Situational, May Be Reported		426-DQ	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed
	Not Used	X(3)	209-211				Spaces
	PA/MC Code & Number	9(12)	212-223	Not Used		416-DG	Value indicating prior authorization or medical certification occurred
	Not Used	X(3)	224-226				Spaces
	Level of Service	9(2)	227-228	Not Used		418-DI	Code indicating the type of service the provider rendered
	Not Used	X(3)	229-231				Spaces
	Diagnosis Code	X(6)	232-237	Required When Known	ICD-9 Diagnosis Code	424-DO	ICD-9 Diagnosis Code
	Not Used	X(3)	238-240				Spaces
	Unit Dose Indicator	9(1)	241-241	Situational May be Reported		429-DT	Code indicating the type of unit dose dispensing
	Not Used	X(3)	242-244				Spaces
8/26/2004 added 2 bytes	Gross Amount Due	9(6).99	245-252	Required	Billed Amount	430-DU	Health Plan Paid Amount
	Not Used	X(3)	253-255				Spaces
8/26/2004 added 2 bytes	Other Payer Amount	9(6).99	256-263	Required	Amount of the other payment	431-DV	Required when other coverage code is 2 or 4
	Not Used	X(3)	264-266				Spaces

Modified 3.2 Pharmacy Detail Record

G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
8/26/2004 added 2 bytes	Patient Paid Amount	9(6).99	267-274	Required	Amount the pharmacy actually collected from the member/person picking up the drug	433-DX	Amount the pharmacy received from the patient for the prescription dispensed
	Not Used	X(3)	275-277				Spaces
	Incentive Amount Submitted	9(4).99	278-283	Not Used		438-E3	Amount represents a fee that is submitted by the pharmacy for contractually agree upon services. This amount is included in the Gross Amount Due
	Not Used	X(3)	284-286				Spaces
	DUR Conflict code	X(2)	287-288	Not Used		439-E4	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service
	Not Used	X(3)	289-291				Spaces
	DUR Intervention Code	X(2)	292-293	Not Used		440-E5	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered
	Not Used	X(3)	294-296				Spaces
	DUR Outcome Code	X(2)	297-298	Not Used		441-E6	Action taken by a pharmacist in response to a conflict of the result of a pharmacist's professional service
	Not Used	X(3)	299-301				Spaces
	Metric Decimal Quantity	9(5).999	302-309	Required	Quantity Dispensed	442-E7	Quantity dispensed expressed in metric decimal units
	Not Used	X(3)	310-312				Spaces
	Primary Payer Denial Date	9(8)	313-320	Situational May Be Reported	Format = 'CCYYMMDD'	443-E8	The payment or denial date of the claim submitted to the other payer Format = 'CCYYMMDD'
	AHCCCS – ID	X(9)	321-329	Not Used	See Cardholder ID	N/A	AHCCCS Recipient ID #
	Not Used	X(1)	330-330				
	Resubmission Reference Number	X(14)	331-344	Required When Field '103-A3' Value is '11' or '31'	Original "AHCCCS" CRN Needed When (adjustments no longer permitted) Replacements or Voids are Submitted.	N/A	Original "AHCCCS" claim number Needed if adjustments, replacements or voids are submitted.

Modified 3.2 Pharmacy Detail Record

G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
	PBM-Unique-Key	X(20)	345-364	Not Used		N/A	RX Number FFS receives a formatted field from PBM. CCYYMMDD-RXNUM Encounters should submit a RX Number.
	Tribe Id	X(6)	365-370	Not Used		N/A	Used to identify TRBHA Claims.
	Pregnancy Indicator	X(1)	371-371	Required	Blank – Not Specified 1 – Not pregnant 2 – Pregnant	335-2C	Blank – Not Specified 1 – Not pregnant 2 – Pregnant
	Other Procedure Code	X(19)	372-390	Required When Known		407-D7	Any code other than a NDC code
	Modifier 1	X(2)	389-392	Required When Known		459-ER	
	Modifier 2	X(2)	393-394	Required When Known		459-ER	
	Modifier 3	X(2)	395-396	Required When Known		459-ER	
	Modifier 4	X(2)	397-398	Required When Known		459-ER	
	Diagnosis Code 2	X(15)	399-413	Required When Known		424-DO	
	Diagnosis Code 3	X(15)	414-428	Required When Known		424-DO	
	Number of Refills Authorized	9(2)	429-430	Required	Value 00 - 99	415-DF	Number of refills authorized by the prescriber Value 00 - 99

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Modified 3.2 Pharmacy Detail Record

G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
8/26/04 Changed from 14 to 20	Health Plan Claim Number	X(20)	431-450	Required	Internal Health Plan Claim Tracking Number	601-68	Identifies the assigned claim number
	Unit of Measure	X(2)	451-452	Required	EA = Each GM = Grams ML = Milliliters	600-28	EA = Each GM = Grams ML = Milliliters
	Cardholder First Name	X(12)	453-464	Required		312-CC	
	Cardholder Last Name	X(15)	465-479	Required		313-CD	
10/01/2004 Added Valid Values	PA Type Code	X(2)	480-481	Situational May Be Reported	Data used to bypass medical review type encounter edits Ø=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption	461-EU	
	PA Number Submitted	X(12)	482-493	Situational May Be Reported	PA Number	462-EV	
	Dispense Fee Submitted by Pharmacy	9(6).99	494-501	Required		412-DC	
	Smoker/Non Smoker Code	9(1)	502-502	Situational May be Reported	Blank – Not Specified 1 – Non Smoker 2 – Smoker	334-1C	Blank – Not Specified 1 – Non Smoker 2 – Smoker
	Payer 1 Coverage Type	X(2)	503-504	Required	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary	338-5C	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary
	Payer 1 Id	X (10)	505-514	Required	6 byte Health Plan ID + 3 byte TSN	340-7C	

Last Revised: 10/01/2004

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G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
	Payer 1 Allowed Amount	9(6).99	515-522	Required	Allowed Amount	431-DV	
	Payer 1 Paid Amount	9(6).99	523-530	Required	Paid Amount (Health Plan Paid Amount)	431-DV	
	Payer 1 Dispense Fee Paid	9(6).99	531-538	Required	Dispensing Fee Paid	431-DV	
	Payer 1 Ingredient Cost Paid	9(6).99	539-546	Required	Ingredient Cost Paid	431-DV	
	Payer 1 CoPay	9(6).99	547-554	Required	CoPay	431-DV	
	Payer 1 Deductible	9(6).99	555-562	Required	Deductible	431-DV	
	Payer 1 Coinsurance	9(6).99	563-570	Required	Coinsurance	431-DV	
	Payer 2 Coverage Type	X(2)	571-572	Required When Other Coverage Exists	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary	338-5C	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary
10/01/2004 Added Medicare Note	Payer 2 Id	X (10)	573-582	Required When Other Coverage Exists	Other payer ID If other payer is Medicare, Other Payer ID Must be "MEDICARE".	340-7C	
	Payer 2 Allowed Amount	9(6).99	583-590	Required When Other Coverage Exists	Allowed Amount	431-DV	
	Payer 2 Paid Amount	9(6).99	591-598	Required When Other Coverage Exists	Paid Amount	431-DV	
	Payer 2 Dispense Fee	9(6).99	599-606	Required When Other Coverage Exists	Dispensing Fee Paid	431-DV	
	Payer 2 Ingredient Cost Paid	9(6).99	607-614	Required When Other Coverage Exists	Ingredient Cost Paid	431-DV	

Last Revised: 10/01/2004

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Modified 3.2 Pharmacy Detail Record

G1 Record

Change Date	Field Name	Field Size	Record Position	Encounter Usage	Encounter Value	IG Field	Claim Value
	Payer 2 CoPay	9(6).99	615-622	Required When Other Coverage Exists	CoPay	431-DV	
	Payer 2 Deductible	9(6).99	623-630	Required When Other Coverage Exists	Deductible	431-DV	
	Payer 2 Coinsurance	9(6).99	631-638	Required When Other Coverage Exists	Coinsurance	431-DV	
	Payer 3 Coverage Type	X(2)	639-640	Required When Other Coverage Exists	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary	338-5C	Blank – Not Specified 01-Primary 02-Secondary 03-Tertiary
10/01/2004 Added Medicare Note	Payer 3 ID	X (10)	641-650	Required When Other Coverage Exists	Other payer ID If other payer is Medicare, Other Payer ID Must be "MEDICARE".	340-7C	
	Payer 3 Allowed Amount	9(6).99	651-658	Required When Other Coverage Exists	Allowed Amount	431-DV	
	Payer 3 Paid Amount	9(6).99	659-666	Required When Other Coverage Exists	Paid Amount	431-DV	
	Payer 3 Dispense Fee Paid	9(6).99	667-674	Required When Other Coverage Exists	Dispensing Fee Paid	431-DV	
	Payer 3 Ingredient Cost Paid	9(6).99	675-682	Required When Other Coverage Exists	Ingredient Cost Paid	431-DV	
	Payer 3 CoPay	9(6).99	683-690	Required When Other Coverage Exists	CoPay	431-DV	

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Modified 3.2 Pharmacy Detail Record

G1 Record

<u>Change Date</u>	<u>Field Name</u>	<u>Field Size</u>	<u>Record Position</u>	<u>Encounter Usage</u>	<u>Encounter Value</u>	<u>IG Field</u>	<u>Claim Value</u>
	Payer 3 Deductible	9(6).99	691-698	Required When Other Coverage Exists	Deductible	431-DV	
	Payer 3 Coinsurance	9(6).99	699-706	Required When Other Coverage Exists	Coinsurance	431-DV	
	Not Used	294	707-1000				Spaces

Field Name	Field Size	Record Position	Value	Encounter/Claims Usage	Encounter Value	Field ID	Claims Value
Segment Identifier	X(2)	1-2	00=File Control	Required	00	701	00
Transmission Type	X(1)	3-3	T=Transaction R=Response E=Error	Required	T	880-K6	T
Sender ID	X(24)	4-27	Defined by processor	Required	Consists of 3 byte acronym assigned by AHCCCS followed by submitter's tax ID	880-K1	SUBMITTER ID For FFS Claims submit this number with one leading zero. Example: If the submitter ID is '12345,' it should appear in this record as '012345'.
Batch Number	9(5)	28-32	Assigned by sender and matches trailer	Required	Must be unique for each transmission	806-5C	Matches trailer used for the "Submission No Batch Number." Must be unique for each transmission.
Creation Date	9(8)	33-40	Format=CCYYMMDD	Required	CCYYMMDD	880-K2	CCYYMMDD
Creation Time	9(4)	41-44	Format=HHMM	Required	HHMM	880-K3	HHMM
File Type	X(1)	45-45	P=Production T=Test	Required	P or T	702	P or T
Version/Release Number	X(2)	46-47	Header version=10	Required	10	102-A2	10
Not Used	X(953)	48-1000					

Field Name	Field Size	Record Position	Value	Encounter/Claim Usage	Encounter Value	Field ID	Claims Value
Segment Identifier	X(2)	1-2	99= File Trailer	Required	99	701	99
Batch Number	9(5)	3-7	Assigned by sender and matches header	Required	Must be unique for each transmission	806-5C	Must match Header. Must be unique for each transmission
Record Count	9(10)	8-17		Required for Balancing		751	Required
Total Gross Billed Amount	9(7).99	18-26	Sum of Gross Amount Due from the G1 Records	Required for Balancing		430-DU	Required
Message	X(974)	27-1000		Not used		504-F4	Not used